

VIRGINIA

ChiroWise® 2024 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	26.62	25.29	29.08
	98941	38.36	36.44	41.91
	98942	49.47	47.00	54.05

2024 deductible \$240.00

www.palmettogba/medicare Click this link to access your Medicare carrier

www.ChiroWise.com Click this link for highly specialized chiropractic insurance training

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